IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245663

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4659348145.000

APPLICANT/OWNER: Foley Home Sales APPLICANT ADDRESS: 1075 Blue Spruce Drive. Mooresville NC 28115

SITE ADDRESS: 110 Grasslands Drive Mooresville NC 28115 PHONE: 856-404-5379 ALT. PHONE —

SITE DIRECTIONS: Hwy 115 to Hwy 21 Property on Right South of Freeze Crossing SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Country Meadows SECTION: — LOT # 12 LOT AREA: .67 Acres. DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank 1000 (gal)	STB 760	Date 10-19-20	☒ New System ☐ Repair ☐ Expansion System Type: I II (IV) V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT 360-3	Date 10-20-20	System Description: PPBPS - 50% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make Zoeller	Model 400/401	Serial # ZCD20LC0	Repair System Description: PPBPS - 50% Reduction	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 218	Maintenance Agreement Required: ☒ YES NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24	Trench Bottom Depth 46in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	12/20/20	HS
Tanks Checked	12/20/20	HS
Pressure Manifold or Valve Box Checked	12/29/20	HS
Pressure Head Set	12/31/2020	PJB
Electrical Checked	12/31/2020	PJB
Floats Set	12/31/2020	PJB
Alarm Checked	12/31/2020	PJB
Maintenance Contract (Y) N	12/31/2020	PJB

AS BUILT SKETCH

Checked tanks, CVB, lines
12/10/20 HS

12/31/2020: Set pressure, checked Alarm, Electric and Floats all were good.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

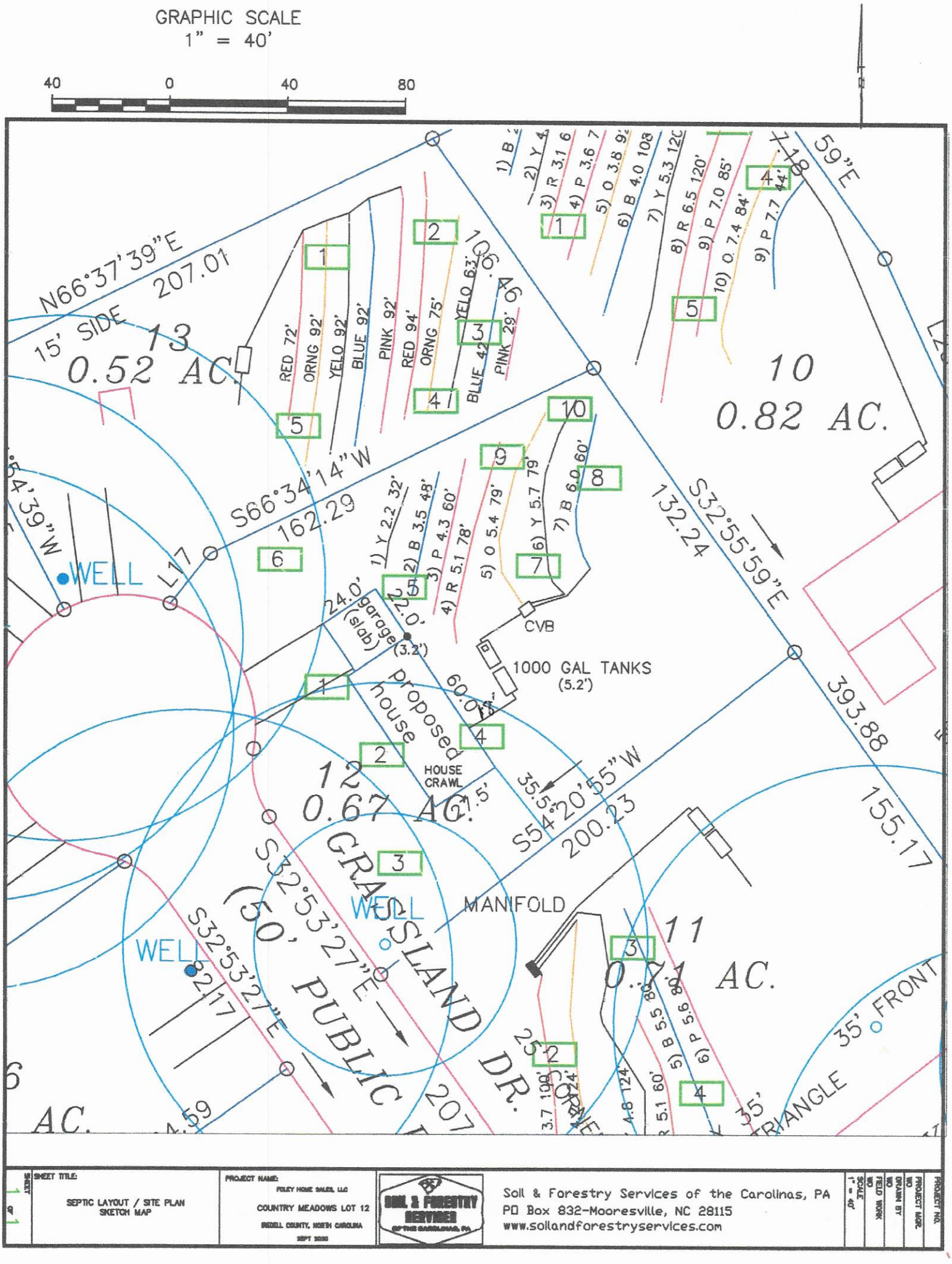
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Shelah Foley Date: 9/30/2020 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Benjamin R Bost Date: 9/25/2020 OPERATION PERMIT by: Patrick J Bagwell Date: 12/3/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin R Bost Date: 10/05/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



SHEET TITLE: SEPTIC LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES, LLC COUNTRY MEADOWS LOT 12 IREDELL COUNTY, NORTH CAROLINA SEPT 2020	SOIL & FORESTRY SERVICES	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com	SCALE: 1" = 40'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

October 6, 2020

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for Country Meadows Subdivision-Mooresville

Lot 12-110 Grasslands Drive (REVISED)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom PPBPS system using LPP distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Doug Foley, Foley Home Sales, LLC.:

Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Three (3) Bedroom PPBPS Septic System Design using
LPP Distribution for Lot 12 of Country Meadows Subdivision
110 Grassland Drive, Mooresville, NC 28115

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Flow---------- 5

Site Plan---------- 6

LPP Panel Cutaway Schematic---------- 7

Calculations---------- 8

Profile Descriptions---------- 9-11

Iredell County Septic Application---------- 12-13

Environmental Health Requirements---------- 14

Agent Authorization---------- 15

Voluntary Relinquishment Form---------- 16

Owner: Foley Home Sales, LLC
Revised 10/6/20
Job #18-1185
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as PPBPS with LPP distribution**
- **Repair specified as PPBPS with LPP distribution**
- **System trench depth specified at 46"**
- **System trenches installed on 8' minimum; 2' wide trenches**
- **Rake and lime trenches as per manufacturer specs**

PPBPS LPP DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Home Sales, LLC
Phone:	856.404.5379
County:	Iredell
Location:	Country Meadows Lot 12

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	20.63 gpm

Design Specifications

Drainfield Size:	218 lf
Loading Rate:	0.275 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	46 in
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	20 lf
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	3.48 gal
Dosing Volume:	180.00 gal

Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	0.18 ft
Elevation Head:	5.00 ft
Total Dynamic Head:	7.20 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	n/a

Country Meadows Lot 12
PPBPS Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	436	sf
TOTAL LATERAL LENGTH:	218	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	218	lf
SUPPLY LINE LENGTH:	20	lf
TOTAL DYNAMIC HEAD:	7.20	gpm
DOSING VOLUME:	180.00	gal
PUMP TANK DRAW DOWN*:	8.6	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	1000	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Country Meadows Lot 12

Layout for a 3 bedroom home

Oct 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		3.2			100.0		
INSTR. 1			103.2				
Back Rt House Crnr			3.2		100.0		
Pump Tank			5.2		98.0		
			REPAIR				
1	Yellow			2.20	101.0	34	32
2	Blue			3.50	99.7	50	48
3	Pink			4.30	98.9	62	60
4	Red			5.10	98.1	90	78
			SYSTEM				
6	Orange			5.40	97.8	98	79
7	Yellow			5.70	97.5	92	79
8	Blue			6.00	97.2	69	60

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	218	0.275	PPBPS	50%	LPP	46
REPAIR	218	0.275	PPBPS	50%	LPP	46

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Country Meadows Lot 12

SYSTEM FLOW

DESIGN SPECIFICATIONS

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
6	Orange	97.8	79	0.156	0.41	158	18
7	Yellow	97.5	79	0.156	0.41	158	18
8	Blue	97.2	60	0.156	0.41	120	14
							50
	total	**feet =**	**218**	**gal/min =**	**20.63**		

Des. Flow	**360**
Pump Run=	**5.88**
soil LTAR	**0.275**
LTAR +5%	**0.28875**
LTAR with mod.	**0.55**
LTAR with mod.. + 5%	**0.5775**

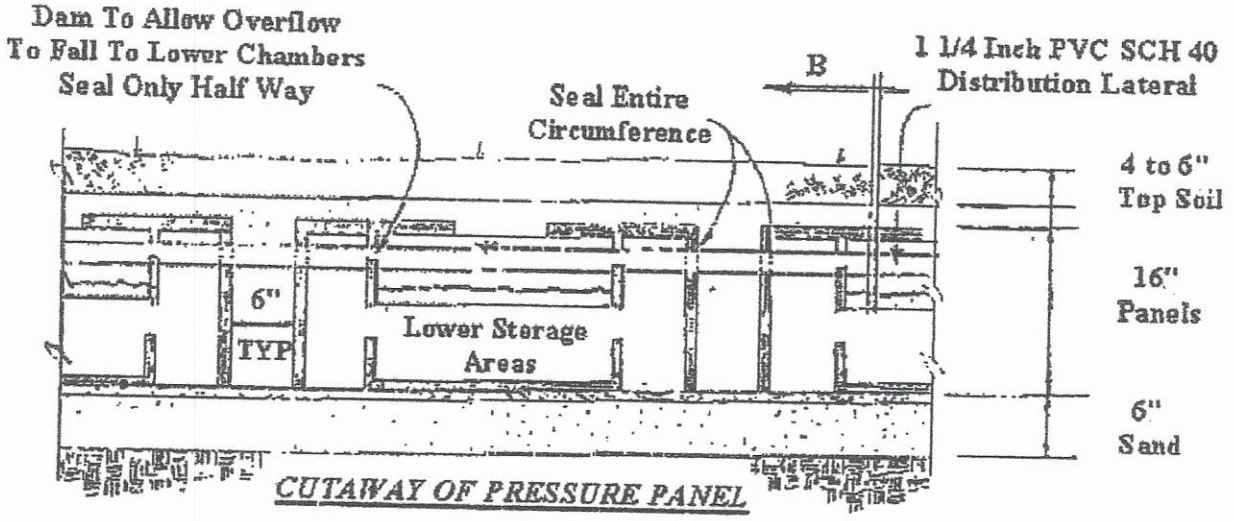
.156 equals 5/32 inch hole

Panels With Pressure Distribution

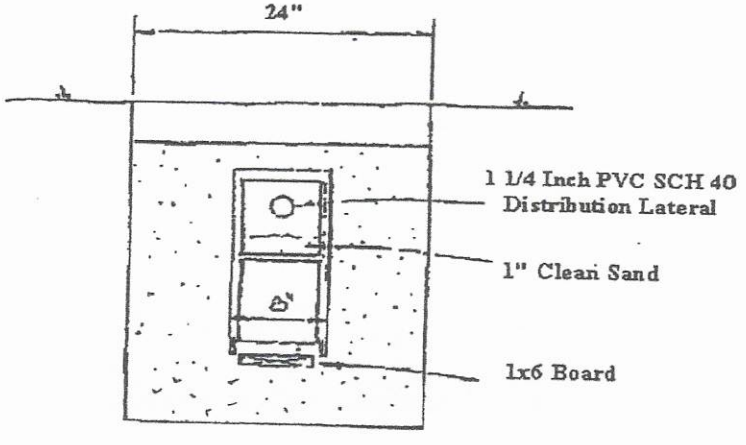
The LP Panel uses technology similar to that of Low Pressure Pipe (LPP) Systems. The tables and distribution design described in the LPP manual is applicable to the pressure Panel System. The system should be used with two to four feet of head. In many respects a LP Panel is similar to a LPP with the holes discharging into the panels.

The dosing cycle for the Panel System is designed to pump enough effluent to fill the top chambers of all the panels in the system. The top chamber of a 16 inch panel holds 3.6 gallons. When the system has 34 panels and all holes are the same size, then you would multiply 34 X 3.6 to get 122 gallons per dose cycle. The holes are drilled in the distribution pipe at the 10 and the 2 o'clock position. These are then placed so that the effluent is pumped into the top chamber of the panel. If the hole sizing changes in the system the pump cycle is set by the hole that is discharging the fastest.

All valves and turn-ups should be neatly capped, covered and labeled for future service. Pump tanks should be constructed as shown in the drawing on page 12 to allow for service and repairs.



CUTAWAY OF PRESSURE PANEL



CALCULATIONS

Location	Country Meadows	
Project Number	18-1085	
Lot No:	12	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\,day}$
Accepted? (YES OR NO)	No	
Supply Line Length	20	ft.
Supply Line Volume	3.48	gal.
Required Feet of Line	218	ft.
Amount of Line from Layout	218	ft.
Gallons per Minute	20.63	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	50	
Dosing Volume	180.00	gal.

Note: Dosing Volume based on # of panels times 3.6 gal/panel

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
20.63	0.89
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	8.6	in.

Generic Draw Down of 21 gal.per in.

Pump Run Time	8.73	minutes
Elevation Head	5	ft.
Pressure Head	2	ft.
Friction Factor	0.89	ft./100 ft. *(From the interpolater.)*
Friction Head	0.18	ft.
Friction Head +15%	0.2047	
Total Dynamic Head	7.20	ft.

PROPERTY ID #: 4659349026
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales, LLC APPLICATION DATE
ADDRESS: 1075 Blue Spruce Drive Mooresville, NC 28115 DATE EVALUATED: 3/20/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: .67
LOCATION OF SITE: Country Meadows Lot 12 PROPERTY RECORDED:
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut TYPE OF WASTEWATER: x ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L / 8%	0-19	B SCL WFS	Fr SS SP	[10-43" Fe Depletions]	74	PS	N/A	PS .3 > 43
		19-43	RB C WMS	Fi SS P [c Fe dep]					
		43-74	R CL WFS/A	Fr SS SP					
2	L / 8%	0-7	B SL WFGr	Fr SS SP	14" [7-34" Y/B mottles]	74	PS	N/A	PS .275 > 36"
		7-34	RB C WMA/S	Fr SS P					
		34-62	B CL WMS/A	Fi SS SP					
		62-74	B CL WFA/S	Fr SS SP f sap f Fe					
3	L / 6%	0-9	RB SL WFGr	Fr SS SP	N/A	53	PS	N/A	PS .275 > 34"
		9-34	RB C MMA/S	Fr SS P c YB mottles					
		34-74	RB CL WFS/A	Fr SS P c sap					
4	L / 2%	0-8	BR SCL WFS	VFr SS SP	[Y mottles 8-57 inches]	53	PS	N/A	PS .275 > 24"
		8-24	R C MMA/S	Fi SS P					
		24-36	B CL WMA/S	Fi SS SP					
		36-72	BR C WMA/S	Fr SS SP f/c sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218	218
System Type(s)	PPBPS	PPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Overby
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659349026
DATE OF EVALUATION: 3/20/19
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	L / 8%	0-4	B SL WFGr	Fr SS SP	N/A	44	PS		PS .275
		4-22	R C WMA/S	Fr SS SP					
		22-44	BR CL WMS	Fr SS SP c sap					
		44-79	VAR SL Mass	VFr NS NP					
6	L / 5%	0-4	B SL WFGr	Fr SS SP	2 Chroma '14-34 inches	55	PS		PS .3 > 34"
		4-14	YB SCL WMS	Fr SS SP					
		14-34	BR C MMA	Fi SS P c YB Fe mot					
		34-55	BR CL WMS	Fr SS SP f c sap					
		55-72	VAR SL MASS	VFr NS NP					
7	L / 3%	0-12	BR C WMC/S	Fr SS SP [compact]	44" white relic	72	N/A		PS .3
		12-30	BR C WMA/S	Fr SS SP f sap					
		30-44	RB CL WFS	Fr SS SP f sap					
		44-72	YB L WFS	VFr SS SP c sap					
8	L / 2%	0-17	RB C WCA	Fi SS SP compact	N/A	72	N/A		PS 0.275
		17-33	RB C MMA	Fr SS SP f Y mott					
		33-56	RB CL WFA	Fr SS SP f sap					
		56-72	RB L WFS	VFr SS SP c pm rock					
9	L / 3%	0-3	B CL WMGr	Fr SS SP	N/A	72	N/A		PS .3
		3-18	RB C WMA/S	Fr SS SP					
		18-36	RB CL WFS	Fr SS SP					
		36-72	RB CL WMS	Fr SS SP f/c sap					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659349026

DATE OF EVALUATION: 3/20/19

COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
10	L / 3%	0-8	RB CL WMS	Fr SS SP	N/A	48	PS	N/A	PS .3 > 34"
		8-34	RB C SMA	Fr SS SP					
		34-48	RB CL WFA	Fr SS SP c sap					
		48-70	VAR L Mass	VFr NS NP f/c rock					

RECEIVED SEP 2 1 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

#245663

$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: FOLEY HOME SALES **Address:** 1075 BLUE SPRUCE DRIVE **Zip:** 28115

Applicant Email: FOLEY1301@GMAIL.COM **Phone:** 856 404-5379 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 110 GRASSLAND DRIVE

Subdivision Name: COUNTRY MEADOWS **Section/Phase:** _____ **Lot Number:** 12

Driving Directions: FROM E CENTER STREET, RIGHT ON HWY 115, GO NORTH TO HWY 21. RIGHT ON COUNTRY MEADOWS DRIVE, LEFT ON GRASSLAND DRIVE. LOT ON RIGHT.

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____

( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?

( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?

( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: W Cly 9/17/20

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, DOUG FOLEY, am the legal owner(s) of the property located at 1571 CHARLOTTE HWY, MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659-34-9026-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

D Foley 5/17/19

Signature of Owner(s) Date

Signature of Witness Date

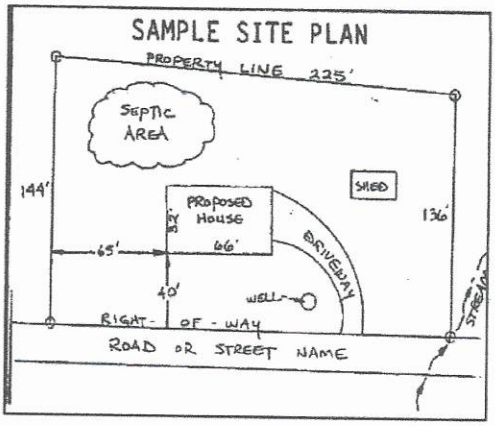
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
(X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

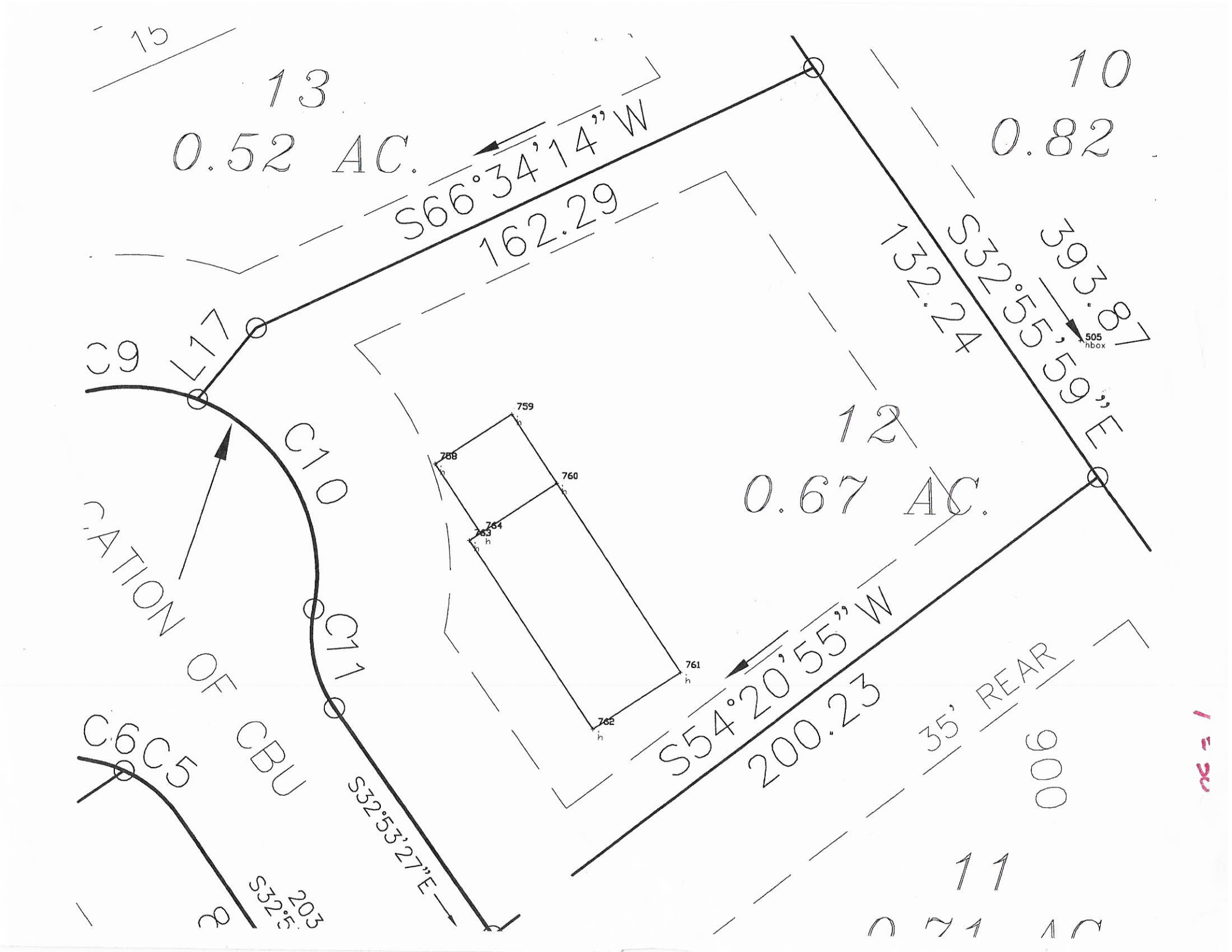
USE THIS SPACE TO DRAW YOUR SITE PLAN

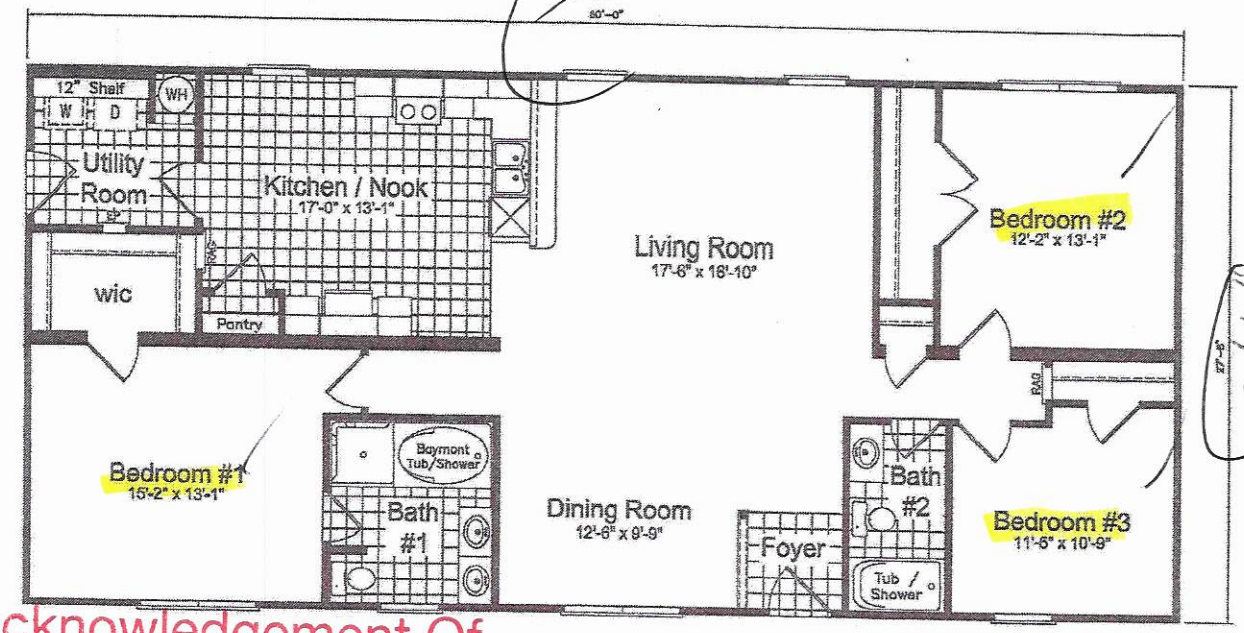
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: W Cl
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/7/20
DATE


15
13
0.52 AC.
S66°34'14"W
162.29
10
0.82
S32°55'59"E
132.24
393.87
505
hbox
C9
L17
C10
759
760
788
764
763
12
0.67 AC.
761
762
S54°20'55"W
200.23
35' REAR
900
11
CATION OF CBU
C6
C5
C11
S32°53'27"E
203
S32°5
R



Acknowledgement Of
Plans Submittal ONLY!

Brijmohan Bhatia
_____ Date_____

Shelly Kelly 10/15/2020 Date_____

Acknowledgement Of
Plans Submittal ONLY!

_____ Date_____

_____ Date_____

Illustrations represent artistic renderings and may be modified, amended, or eliminated without notice. Floor plans may show options or additions not part of our standard offering. Room sizes are approximate. Specifications and plans subject to change. For complete details, see your Crestline Custom Builders sales counselor.

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
245663
Issue Date: 06/13/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659349026.000	110 GRASSLAND DRIVE, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FOLEY HOME SALES LLC	Applicant: FOLEY HOME SALES LLC
Address: 1075 BLUE SPRUCE DRIVE	Address: 1075 BLUE SPRUCE DRIVE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone: 856-404-5379	Phone: 856-404-5379

Use Requested	Zone Code
MODULAR LOT 12	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.030	35.00	35.00	15.00	15.00	NOT	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	181196	TOTAL FEES:	$ 77.25